

Kidney Health Care Program



Dialysis Quick Sheet

Benefit and Rates

Payments are made to contracted facilities providing dialysis treatments.

Туре	CPT Codes	Maximum	KHC Rate
Inpatient/Outpatient Dialysis	90935 90937 90997 90999	14 per month	\$130.69
Peritoneal Dialysis	90945 90947 5498 (Inpatient)	31 per month	\$55.85
Peritoneal Dialysis Training	90989 90993	14 in a 60- day period	\$60.98

Limitations

- ✓ Supervision and evaluation by a nephrologist is not covered separately from the treatment.
- ✓ The number of dialysis treatments KHC can pay for are limited
- ✓ Outpatient Providers can submit claims on the CMS-1500 paper form, or online through ASKITWeb.
- ✓ Inpatient Providers must submit all claims on the CMS-1450 paper form.

Filing Deadline

KHC must receive the claims:

- within 95 days from the last day of the month in which services were provided, or
- within 60 days from the date on KHC's Notice of Eligibility for newly approved clients, or
- within 60 days of the date on the approval letter for newly approved dialysis facilities, but not later than 180 days from the date of service.

For more information about KHC benefits, please call: 1-800-222-3986, fax: 512-776-7162,

e-mail: kidneynet@dshs.state.tx.us, or write to: Kidney Health Care

Purchased Health Services Unit, MC 1938 Texas Department of State Health Services P O Box 149347 Austin, TX 78714-9347

Rates are effective October 1, 2007